

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/517789 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11	1		1			
12		1	1			
13		2				
14		3				
15		4				
16		5				
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45		34				
46		35				
47		36				
48		37				
49		38				
50		39				
TOTAL IND.			2			
TOTAL DEP.		←	6	←	←	←
TOTAL CLAIMS			18			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←		↓	←	←
TOTAL CLAIMS						